



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT

Division of Workforce Solutions
Bureau of Work Support Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

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Work Programs Section

SUBJECT: REVISED MEDICAL CAPACITY FORM

CROSS REFERENCE: W-2 Manual

EFFECTIVE DATE: August 1, 2001

PURPOSE

This memo announces a revised Medical Capacity Form, DES 2012, replacing the version currently in use. A facsimile of the revised form is attached.

BACKGROUND

The new form looks at activities participants can do within their restrictions. The following guidelines offer information on the form's use in each program, examples of appropriate providers to complete the form, a timeline, follow-up procedures, strategies to handle conflicting information, methods to communicate with Social Security Administration (SSA) and acceptable use of agency created forms. In the future the **W-2 Manual** will include the revised form and guidelines.

The form is available on the Department of Workforce Developments Extranet in the DES Forms Repository.

The current version of the Medical Capacity form is obsolete as of August 1, 2001.

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PURPOSE OF THE FORM**W-2**

The Medical Capacity Form identifies conditions that must be considered before sending an individual for a vocational assessment. It also assists with correct placement on the employment ladder. It identifies accommodations of health concerns that need to be considered while placing a participant in activities and when conducting a vocational assessment. It also specifies if further evaluation regarding the participant's ability to function in certain environments is needed.

MEDICAL ASSISTANCE

Medical Assistance uses this form to determine eligibility of two parent families for AFDC-Medicaid and AFDC-Related Medicaid on the basis of one of the parents being incapacitated.

FSET

The FSET Program does not require a form to determine incapacitation. The Medical Capacity Form could be used to determine whether participation in the FSET Program is appropriate if the worker chooses to use it.

WHAT IS "NEW" ABOUT THE MEDICAL CAPACITY FORM?

The new form offers an explanation regarding the W-2 program. It explains the program's focus. It provides a broad spectrum of options for W-2 related activities. It offers check boxes with defined choices. The form includes a section for a treatment plan with a request for hours involved to include on an employability plan. The goal of this new form is to gather information to assist agencies in assessing and placing participants.

The Medical Capacity Form can be used as a communication tool between the SSA and the W-2 agency. The form can be shared with the SSA at any point in the application or appeal process. A worker must obtain a written release from the participant to exchange information.

WHO CAN FILL OUT THE FORM?

A certified professional who provides care to the participant or a representative authorized by the professional. Examples include doctor, nurse, counselor, physician's assistance or a licensed clinical social worker (LCSW).

HOW OFTEN DOES THE FORM NEED TO BE UPDATED?

The provider indicates a date on the second page regarding the length of time the restrictions remain in effect. The date indicates a need for re-evaluation of the participant's condition. The worker will need to obtain current information and re-submit a form to the provider on that date. If the provider indicates a date such that the restrictions remain in effect beyond 6 months, a worker needs to follow up with the provider by phone or by submitting another form to re-evaluate a participant's progress 6 months from the date the worker receives the form.

If the provider does not indicate a date on the form when the restrictions end or indicates no improvement is expected, follow-up with the provider for further clarification. If the worker cannot obtain a date from the provider, update the form 6 months from the date the worker receives the form or sooner if the participant's condition changes. The update can be done over the phone or by re-submitting a form. The 6-month update allows a current assessment of the participant's progress. Document all contacts in CARES.

Restrictions do not excuse clients from activities. The form indicates a need to look for accommodations that allow participation.

Example: Ms. Beach broke both legs in a car accident on July 4th. Ms. Beach, because of the reported change in her health, requests the W-2 agency send a Medical Capacity Form to her doctor. The doctor returns the form indicating bed rest is needed for the next 6 weeks, until August 15th, to allow her legs to heal and indicates that she will be re-evaluated at that time. The worker updates Ms. Beach's employability plan to include the change in activities.

Six weeks pass and the worker calls Ms. Beach to see how she is feeling and to evaluate her ability to participate in activities. Ms. Beach indicates that she will be involved in physical rehabilitation for 6 hours a week and she is not sure if she is able to return to her work site at this time. Ms. Beach's worker re-submits a form to the doctor to obtain the updated information. The doctor confirms that she will be in physical rehabilitation for 6 hours a week for the next 2 months. The form indicates that she can return to classroom activities and limited work site activities as long as she does not have to be on her feet or do any sort of lifting for the next 2 months. The doctor indicates on the form her next evaluation will be on October 17th. The worker adjusts Ms. Beach employability plan to reflect the doctor's restrictions.

On October 18th the worker contacts the doctor's office by phone and speaks to a nurse that works with Ms. Beach. She confirms that all restrictions have been lifted and Ms. Beach can return to activities. The worker requests an updated Medical Capacity Form. Ms. Beach returns to her work site full time.

Example: Mr. Poole applies for W-2 after a recent heart attack. The worker submits a Medical Capacity Form to his doctor. The provider indicates on the form that Mr. Poole is having bypass surgery in 3 weeks and indicates no activities are permitted. The form shows the restrictions remain in effect indefinitely.

The worker contacts the nurse at the cardiac clinic and requests further information about recovery time and amount of time involved in activities. The nurse said the average recovery time is 8 weeks and a scheduled appointment for re-evaluation usually follows the 8th week. The worker makes a note to follow-up with the provider 9 weeks from the date of the surgery to update Mr. Poole's progress.

The Medical Capacity Form indicates physical rehabilitation and nutritional counseling activities start the week after surgery. The nurse states that physical rehabilitation appointments are 3 times a week for two hours for 12 weeks following the surgery and nutritional counseling is once a week for 6 weeks. The worker writes an employability plan to reflect the activities.

Example: The worker receives Ms. Coast's Medical Capacity Form on July 27th indicating her chronic back pain restrictions remain in effect for an indefinite (or the foreseeable future) amount of time. The worker contacts the provider's office and receives a similar message. The worker will contact the provider on January 27th for an update on the participant's condition.

The Medical Capacity Form provides information on activities Ms. Coast already participates in and suggestions for additional activities to include on the employability plan. Ms. Coast participates in 6 hours of physical rehabilitation a week and sees a chiropractor for 1 hour each week. The doctor also checked the box marked Adult Basic Education Classes (ABE) and Job Readiness/Life skills Workshops and specified no more than 2 hours a day in the classroom. The doctor addresses the need for Ms. Coast to have the ability to get up and move around in the classroom because she is unable to sit for a long period of time. The worker writes the employability plan to include the physical rehabilitation hours, Chiropractor appointment, ABE classes 2 hours twice a week and Computer basics on the days she does not attend the ABE classes.

WHAT IF THE INFORMATION CONFLICTS WITH ANOTHER DOCTOR'S REPORT?

If the worker receives an updated Medical Capacity Form that conflicts with another statement or another form regarding health issues, the worker must follow-up with the provider. This can be done over the phone. Some agencies have staff members with a medical background who handle the calls while others have FEPs call directly. Agencies are encouraged to set up internal processes to handle conflicting information. A third opinion, outside of the two conflicting reports, may be appropriate.

WHAT IF THIS INFORMATION CONFLICTS WITH SS(D)I?

If the Medical Capacity Form conflicts with SSA's decision, you may need to follow up with both Social Security and the provider to obtain correct information. The conflicting decisions can be detrimental to participants who are seen as completely restricted from activity by the provider and deemed able to work by the SSA. Some participants need to start the appeal process for SS(D)I. If your agency provides a Social Security Advocate, make a referral or you may designate yourself as an Authorized Representative or get a release of information to speak to Social Security.

Agencies may hire or designate existing agency staff as SSI advocates. An advocate assists participants with the SSI application and appeal process. Staff can also be designated as an Authorized Representative, which would allow them to receive any notice of action being taken on the SSI application and to view the Social Security file.

The role of the Authorized Representative can be whatever the Social Security applicant and the representative want it to be. The representative may choose to only receive information or may choose to take an active role in the application and appeal process. If workers wish to be an Authorized Representative, the form 1696 is located at <http://www.ssa.gov/online/ssa-1696.pdf>. The two parties determine the role of the representative and how the agreement stands. Either party can terminate the agreement at any time by contacting the SSA.

In the past an attorney held the role of Authorized Representative during the higher level of appeals. The role is broadening to include helping professionals in all stages of the process. It facilitates communication and a working relationship between the W-2 agency and the SSA.

If a worker does not wish to be the Authorized Representative, another way to exchange information is with written permission from the client, a release of information. A worker can use a release of information form from their agency or hand write a note that grants permission to contact the SSA. A worker could choose to use the SSA Release of Information Form (3288) located at <http://www.ssa.gov/online/ssa-3288.pdf>. The FEP submits a release of information signed by the W-2 participant indicating the participant's approval to allow the FEP to communicate with the SSA. This allows the FEP to obtain information but it does not give the FEP authority to automatically get appointment letters or decision notices regarding a W-2 participant's case.

DOES THE W-2 AGENCY HAVE TO USE THIS FORM?

Some W-2 Agencies develop and use their own Medical Capacity Form. An agency can still opt to use their own form as long as the elements from the State's form are included. Current form DES-2012 form is obsolete as of August 1, 2001.

Some agencies develop forms to submit to specified providers such as mental health counselors or AODA treatment providers. These forms gather more explicit information. An agency may choose to use these forms for specialty areas where they deem appropriate.

CONTACT

DES CARES Information and Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Phone: 608-261-6317 (Option #1)
Fax: 608-266-8358

Note: Email contacts are preferred. Thank you.

MEDICAL EXAMINATION & CAPACITY FORM

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Name	Date of Birth / /	Social Security Number	
Professional Provider		Professional Title	
Office Address	City	State	Zip Code

The individual named above has applied for **Wisconsin Works (W-2)** and indicates that s/he has limitations that affect his/her ability to participate in certain Wisconsin Works (W-2) activities. Please evaluate this patient's capacity to participate in training activities, vocational and occupational assessment and work. **The information you provide on this form will not affect billing or reimbursement from Medicaid.**

W-2 is a work readiness program available to low-income families. The program philosophy is that most individuals can do something, even if activities are limited to a few hours per week. W-2 provides cash assistance and services in exchange for participation in activities. To assign appropriate activities, it is important for us to have an idea of tasks and assignments that are reasonable for this participant. Activities that can be a part of a W-2 placement include job readiness/life skills workshops, HSED/GED classes, work preparation activities, treatment recommendations, counseling and physical rehabilitation to create a healthier lifestyle and may lead to employment.

Thank you for taking the time to complete this form. We look forward to providing the best individualized service to your patient.

Diagnosis/Condition: (include Physical, Mental Health, Learning Disabilities and AODA concerns)

Prognosis: (if the patient's condition is related to pregnancy, please enter the expected date of birth)

In what type of treatment plan is the patient involved for the symptoms mentioned? (Include the number of hours involved in a treatment program each week and/or treatment that needs to occur during a normal workday and the type of activities or treatment, examples: physical therapy, self-initiated or organized exercise program, smoking cessation program, weight loss program, counseling).

This individual may have his/her vocational capacity assessed. What, if any, accommodations should be provided for the assessment?

Physical Capacities

Maximum ability to lift and carry on an occasional basis (no more than 3 hours out of an 8 hour day).

☐ No limitation ☐ 100 lbs. ☐ 50 lbs. ☐ 20 lbs. ☐ 10 lbs. ☐ Other _____

Maximum ability to lift and carry on a frequent basis (more than 3 hours out of an 8 hour day)

☐ No limitation ☐ 100 lbs. ☐ 50 lbs. ☐ 20 lbs. ☐ 10 lbs. ☐ Other _____

Maximum ability to stand and walk (with normal breaks) during an 8 hour day.

☐ No limitation ☐ at least 6 hours ☐ at least 2 hours ☐ Other _____

Maximum ability to sit (with normal breaks) during an 8 hour day.

☐ No limitation ☐ at least 6 hours ☐ at least 2 hours ☐ Other _____

What is your assessment of this individual's ability to use hands, communicate and see?

What is your assessment of other capacities, such as need for assistive device for ambulation, need to alternate positions frequently, limits on pushing and pulling, operating hand or foot controls, bending and stooping?

Does this person's medication(s) cause side affects that impact his/her ability to participate in a work/education environment?

☐ Yes ☐ No

If "Yes" specify: _____

Does this person require any adaptive devices or other accommodations to help them function effectively in a work/education environment?

☐ Yes ☐ No

If "Yes" describe what is needed: _____

Cognitive Abilities

Does this person have any cognitive difficulties that cause the following to occur?

☐ Low tolerance for frustration

☐ Difficulty engaging in complex tasks that require judgement

☐ Difficulty communicating his/her needs

☐ Difficulty with decision making

☐ Difficulty following instructions

☐ Difficulty following through on agreed actions

Mental Health

Does this person have any mental health issues that cause the following to occur?

☐ Low tolerance for frustration

☐ Difficulty working around other people

☐ Inability to work with children

☐ Difficulty working around other people

☐ Difficulty with reality interpretation

☐ Panic attacks

☐ Difficulty controlling anger appropriately

☐ Difficulty being in unfamiliar environments

☐ Difficulty with impulse control

☐ Socially inappropriate responses to situations

☐ Difficulty with decision-making

Other conditions:

Are there any more restrictions that exist?

Please recommend activities that may improve this individual's ability to live a healthier lifestyle or become employed:

☐ Work Site Activities

☐ Assessment and treatment program

☐ SSI or SS(D)I Advocacy

☐ Job Readiness/Life skills workshops

☐ Job Search

☐ Counseling or Physical Rehabilitation

☐ Job Skills Training

☐ Adult Basic Education Classes

Additional Recommendations: _____

Number of hours a day (5 days a week) this individual can participate in activities/work within these restrictions?	Date Examined / /	Date Restrictions Expire / /	Date of Next Appointment / /
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Additional Comments or Concerns: _____

Professional Provider Name	Title	Telephone ()
Signature	Date Signed	

Return completed form to:

Agency Representative's Name		Address		Date Sent
City	State	Zip Code	Telephone ()	Fax ()